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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 03 0 1 2009 03 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 06 03 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC [®] D " D 0.3 0 1 2009 0.3 3 1 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2009 1339674.06 January 1 (b) Cash on Hand at 1360708.45 Begining of Reporting Period 103482.95 243193.49 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1464191.40 1582867.55 6(a) and 6(c) for Column B) 202325.91 321002.06 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1261865.49 1261865.49 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

м м 0 3

From:

01

^Y 2 0 0 9

To:

м м 0 3 ^D 3 1

2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	41818.00	65634.00
	(ii) Unitemized	11253.96	22131.36
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	53071.96	87765.36
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	53071.96	87765.36
2.	Transfers From Affiliated/Other Party Committees	50000.00	154100.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	410.99	1328.13
8.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	103482.95	243193.49
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	103482.95	243193.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

COLUMN A COLUMN B

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. (Operating Expenditures: (a) Shared Federal/Non-Federal		
,	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
((b) Other Federal Operating	2125.91	2802.06
(Expenditures(c) Total Operating Expenditures	2120.01	2002.00
	(add 21(a)(i), (a)(ii) and (b))	2125.91	2802.06
	Transfers to Affiliated/Other Party	0.00	0.00
3. (Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	200200.00	318200.00
	ndependent Expenditure (use Schedule E)	0.00	0.00
5. (Coordinated Expenditures Made by Party		
(Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. L	_oan Repayments Made	0.00	0.00
7. L	oans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	
`	Than Political Committees	0.00	0.00
((b) Political Party Committees	0.00	0.00
((c) Other Political Committees (such as PACs)	0.00	0.00
((d) Total Contribution Refunds		
,	(add Lines 28(a), (b), and (c))	0.00	0.00
9. (Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	202325.91	321002.06
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	000005.04	204202
	from Line 31)	202325.91	321002.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	53071.96	87765.36
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	53071.96	87765.36
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2125.91	2802.06
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2125.91	2802.06

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		, , , ,	
Full Name (Last, First, Middle Initial) Ms. Karen S. Haase-Herrick, MN, RN			Date of Receipt
Mailing Address 300 Elliott Avenue V Suite 300	Vest		03 02 7 9 9
City	State WA	Zip Code	Transaction ID: 16387078
Seattle FEC ID number of contributing federal political committee.	C	98119-4198	Amount of Each Receipt this Period 350.00
Name of Employer Northwest Hospital and Medical Center Receipt For: Primary General Other (specify) ▼		e Director e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. David Marshall Mailing Address 1319 Walhni Street			Date of Receipt
City	State	Zip Code	03 02 2009
Galveston	TX	77555-0001	Transaction ID: 16387897 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer University of Texas Medic- al Branch Hos	Occupation Interim C	n Chief Operating Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Ms. Pamela T. Rudisill			Date of Receipt
Mailing Address 17225 Royal Court Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 16387936
Davidson FEC ID number of contributing federal political committee.	NC C	28036-7843	Amount of Each Receipt this Period 500.00
Name of Employer Lake Norman Regional Medi- cal Center	Occupation Associate	e Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional	<u> </u>		1350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 83 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Gayle Jensen-Savoie Mailing Address 4202 Merrell Road			Date of Receipt 0 3
City Dallas FEC ID number of contributing	State TX	Zip Code 75229-5436	Transaction ID: 16883463 Amount of Each Receipt this Period 500.00
Name of Employer Texas Health Presbyterian Hospital Pla Receipt For: Primary Other (specify)	Occupation Director,	n Behavioral Health • Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Kevin P Conlin Mailing Address 3720 East Bayley			Date of Receipt 0 3
City	State	Zip Code	Transaction ID: 16883483
Wichita FEC ID number of contributing federal political committee.	C	67218-3002	Amount of Each Receipt this Period 250.00
Name of Employer Via Christi Health System Receipt For: Primary General Other (specify) ▼		n t and Chief Executive Office Year-to-Date ▼ 250.00	<u>r</u>]
Full Name (Last, First, Middle Initial) Ms. Barbara L. Wilson			Date of Receipt
Mailing Address 2701 E. Parkriver Drive			03 / 03 / 2009
City Boise	State ID	Zip Code 83706-6084	Transaction ID: 16883485 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33.33 3307	350.00
Name of Employer St. Luke's Health System	Occupation Trustee	_	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	l)		1100.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 83 (check only one) X 11a 11b 11c 12 15 16 11
4	or for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Harold D. Cleberg, TTEE		Date of Receipt
	Mailing Address 2525 Main Suite 301	7.0.1	03 03 2009
	City Kansas City	State Zip Code MO 64108-2627	Transaction ID: 16883486 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Saint Luke's Northland Ho- spital-Smithv	Occupation Trustee	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. Ted H. Stubblefield		Date of Receipt
	Mailing Address 100 North Crest Drive	03 03 2009	
	City	State Zip Code	Transaction ID: 16883487
	Springfield FEC ID number of contributing federal political committee.	TN 37172-3961	Amount of Each Receipt this Period 350.00
	Name of Employer Northcrest Medical Center	Occupation Trustee	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
. –	Full Name (Last, First, Middle Initial) Mr. Carl Brown		Date of Receipt
	Mailing Address 121 Chimney Lane	03 02 2009	
	City Wilmington	State Zip Code NC 28409-4909	Transaction ID: 16883489
	FEC ID number of contributing federal political committee.	C 20409-4909	Amount of Each Receipt this Period 350.00
	Name of Employer New Hanover Regional Medi- cal Center	Occupation Trustee	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional) .	I	1700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stephen Smart, , DDS Mailing Address 120 Shadyside City El Dorado FEC ID number of contributing federal political committee. Name of Employer Medical Center of South Arkansas Receipt For:	State Zip Code AR 71730-3147 C Occupation Chairman of the Board Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jack A. Carroll, Ph.D.	1000.00	Date of Receipt
Mailing Address 2805 Cottage Cove City Richmond FEC ID number of contributing federal political committee. Name of Employer Magee Rehabilitation Hosp-	State Zip Code VA 23233-3366 C Occupation CEO	Transaction ID: 16883494 Amount of Each Receipt this Period 1000.00
ital Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Laura J. Redoutey, FACHE Mailing Address 1863 Folkways City	State Zip Code	Date of Receipt 0 3
Lincoln FEC ID number of contributing federal political committee.	NE 68521-5077	Amount of Each Receipt this Period 1000.00
Name of Employer Nebraska Hospital Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other than using t	Statements may not be sold or used by any persor he name and address of any political committee to s	for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Full Name (Last, First, Middle Initial) Mr. Todd Krass		Date of Receipt		
Mailing Address 11500 Hardy Street City	State Zip Code	03 06 2009		
Overland Park	KS 66210-2404	Transaction ID: 16883948 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	350.00		
Name of Employer Research Belton Hospital	Occupation Chief Executive Officer			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			
Full Name (Last, First, Middle Initial) Dr. Cheryl L. Hoying, Ph.D., RN,	Date of Receipt			
Mailing Address 1241 Ashland Avenu				
City	State Zip Code	Transaction ID: 16894525		
<u>Dayton</u>	OH 45420-1503	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	350.00		
Name of Employer Cincinnati Children's Hos- pital Medical	Occupation Senior Vice President, Patient Care Se	9		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			
Full Name (Last, First, Middle Initial) Ms. Donna D. Poduska, MS, RN, CN		Date of Receipt		
Mailing Address 2430 Merino Court		03 / 06 / Y Y Y Y Y		
City	State Zip Code	Transaction ID: 16894530		
Fort Collins	CO 80526-1431	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	350.00		
Name of Employer Poudre Valley Hospital	Occupation Director of Resource Services			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			
SUBTOTAL of Receipts This Page (optional)		1050.00		
TOTAL This Period (last page this line numb	·			

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A O	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Mr. Robert LeFever Mailing Address 319 Green Valley Rd. City	State Zip Code	Date of Receipt M
	<u>Langhorne</u>	PA 19047-1128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Temple University Health System Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 350.00	
 3.	Full Name (Last, First, Middle Initial) Ms. Ann Fagan-Cook, RN, BSN Mailing Address P.O. Box 1030		Date of Receipt 0 3 0 9 2 0 0 9
	City	State Zip Code	Transaction ID: 16894802
	Wheeler	TX 79096-1030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Parkview Hospital	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Mr. Chris Anderson		Date of Receipt
	Mailing Address 2809 Denny Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 16894918
	Pascagoula	MS 39581-5300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Singing River Hospital Sy- stem	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		1100.00

City Jackson MS 39211-2945 FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ FUI Name (Last, First, Middle Initial) Misc Calvin D Johnson Mailing Address P O Box 188 City State Zip Code Kilmichael MS 39747-0188 Full Name (Last, First, Middle Initial) Ms 39747-0188 FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ State Zip Code Kilmichael MS 39747-0188 City State Zip Code Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) J.W. Jones Mailing Address 3637 Parkway Blvd. City State Zip Code Primary General Other (specify) ▼ State Zip Code Administrator Receipt For: Primary General Other (specify) ▼ State Zip Code Ms 375.00 Date of Receipt 375.00 Date of Receipt 0 375.00 Transaction ID: 16894927 Amount of Each Receipt this Period Transaction ID: 16894927 Transaction ID: 16894927 Amount of Each Receipt Toil Primary State Zip Code Ms 375.00 Transaction ID: 16894928 Amount of Each Receipt Toil Primary State Zip Code Ms 375.00 Transaction ID: 16894928 Amount of Each Receipt Toil Primary State Zip Code Ms 375.00 Transaction ID: 16894928 Amount of Each Receipt Toil Primary State Zip Code Ms 39305-3869 Transaction ID: 16894928 Amount of Each Receipt Toil Primary State Zip Code Ms 39305-3869 Transaction ID: 16894928 Amount of Each Receipt Toil Primary State Zip Code State Zip Code Transaction ID: 16894928 Amount of Each Receipt Toil Primary State Zip Code Transaction ID: 16894928 Amount of Each Receipt Toil Primary State Zip Code Transaction ID: 16894928 Amount of Each Receipt Toil Primary State Zip Code Transaction ID: 16894928 Amount of Each Receipt Toil Primary State Zip Code Transaction ID: 16894928 Amount of Each Receipt Toil Primary State Zip Code Transaction ID: 16894928 Amount of Each Receipt Toil Primary State Zip Code Transaction ID: 16894928 Transaction ID: 16894928 Transaction ID: 16894927 Tra		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Mr. Sam W. Cameron Mailling Address 28 Waterford Place City State Zip Code Jackson MS 39211-2945 FEC ID number of contributing federal political committee. C Society General Other (specify) ▼ State Zip Code President & Chief Executive Officer Receipt For: Primary General Other (specify) ▼ State Zip Code Wissessipp Hospital Asso- ciation Receipt For: Primary General Other (specify) ▼ State Zip Code Willinchael MS 39747-0188 B. Willinchael MS 39747-0188 FEC ID number of contributing federal political committee. C Society General Other (specify) ▼ State Zip Code Willinchael Fec ID number of contributing federal political committee. C Society General Other (specify) ▼ State Zip Code Administrator Receipt For: Primary General Other (specify) ▼ State Zip Code Administrator Receipt For: Primary General Other (specify) ▼ State Zip Code Mailling Address 3637 Parkway Blvd. City State Zip Code Maridian MS 39305-3869 FEC ID number of contributing federal political committee. C State Zip Code Maridian MS 39305-3869 FEC ID number of contributing federal political committee. C State Zip Code Maridian MS 39305-3869 FEC ID number of contributing federal political committee. C State Zip Code Maridian MS 39305-3869 Transaction ID: 16894928 Amount of Each Receipt this Period Transaction ID: 16894928 Amount of Each Receipt this Period Transaction ID: 16894928 Amount of Each Receipt this Period Transaction ID: 16894928 Amount of Each Receipt this Period Transaction ID: 16894928 Amount of Each Receipt this Period Transaction ID: 16894928 Amount of Each Receipt this Period Transaction ID: 16894928 Amount of Each Receipt this Period Transaction ID: 16894928 Transaction		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Receipt For:	A .	Mr. Sam W. Cameron Mailing Address 28 Waterford Place City Jackson FEC ID number of contributing federal political committee. Name of Employer Mississippi Hospital Asso-	MS C Occupation	39211-2945	0 3 0 6 2 0 0 9 Transaction ID: 16894922
Mailing Address P O Box 188 City State Zip Code MS 39747-0188 FEC ID number of contributing federal political committee. Name of Employer Jeff Anderson Regional Medical Center Receipt For: Primary General Other (specify) ▼ State Zip Code MS 39747-0188 C C C C C C C C C C C C C C C C C C	_	Receipt For: Primary General		e Year-to-Date ▼ 505.00	
Kilmichael Kilmi	В.	Mr. Calvin D Johnson			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Kilmichael Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) J.W. Jones Mailing Address 3637 Parkway Blvd. City State Zip Code Meridian MS 39305-3869 FEC ID number of contributing federal political committee. Name of Employer Jeff Anderson Regional Medical Center Receipt For: Primary General Occupation Vice President Aggregate Year-to-Date ▼ Transaction ID: 16894928 Amount of Each Receipt this Period Vice President Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 250.00		•		•	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) J.W. Jones Mailing Address 3637 Parkway Blvd. City State Zip Code Meridian MS 39305-3869 FEC ID number of contributing federal political committee. Name of Employer Jeff Anderson Regional Medical Center Receipt For: Primary General Other (specify) ▼ Administrator Aggregate Year-to-Date ▼ Date of Receipt MMS 39305-3869 Transaction ID: 16894928 Amount of Each Receipt this Period 250.00		FEC ID number of contributing		39/4/-0188	Amount of Each Receipt this Period 375.00
Receipt For:		Name of Employer Kilmichael Hospital			
Mailing Address 3637 Parkway Blvd. City Meridian FEC ID number of contributing federal political committee. Name of Employer Jeff Anderson Regional Medical Center Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 16894928 Amount of Each Receipt this Period C C Aggregate Year-to-Date ▼ 250.00		Primary General	,	e Year-to-Date ▼	
Meridian MS 39305-3869 Amount of Each Receipt this Period C State of Employer Jeff Anderson Regional Medical Center Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period C 250.00 Amount of Each Receipt this Period C Aggregate Year-to-Date ▼ 250.00	С.	J.W. Jones	1		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Jeff Anderson Regional Medical Center Receipt For: Primary General Other (specify) ▼ Page 250.00 250.00 250.00		-		•	Transaction ID: 16894928
Jeff Anderson Regional Medical Center Receipt For: Primary Other (specify) ▼ Vice President Aggregate Year-to-Date ▼ 250.00		FEC ID number of contributing		39305-3869	Amount of Each Receipt this Period 250.00
1120.00		Jeff Anderson Regional Medical Center Receipt For: Primary General	Vice Pre	sident e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional))	1130.00

NAME OF COMI American Hos Full Name (Last, Ms. Ginger E. Ans Mailing Address City Woodstock FEC ID number of federal political control of the complete of t	MITTEE (In Full) spital Association PAC First, Middle Initial) spaugh, FHFMA 4002 Sunhill Court of contributing committee. er I Associat-	State Zip Code GA 30189-2561 C Occupation Senior Vice President & CFO Aggregate Year-to-Date 500.00	Date of Receipt Date of Receipt M M M D D D 2 0 0 9 Transaction ID: 16894972 Amount of Each Receipt this Period
American Hos Full Name (Last, Ms. Ginger E. Ans Mailing Address City Woodstock FEC ID number of federal political control of the complete	spital Association PAC First, Middle Initial) spaugh, FHFMA 4002 Sunhill Court of contributing committee. er I Associat-	GA 30189-2561 C Occupation Senior Vice President & CFO Aggregate Year-to-Date ▼	M M M O B O B O C O C O C O C O C O C O C O C
Ms. Ginger E. Ans Mailing Address City Woodstock FEC ID number of federal political corollars and service of the service of	of contributing committee. General	GA 30189-2561 C Occupation Senior Vice President & CFO Aggregate Year-to-Date ▼	M M M O B O B O C O C O C O C O C O C O C O C
City Woodstock FEC ID number of federal political control of the politi	of contributing ommittee. er I Associat-	GA 30189-2561 C Occupation Senior Vice President & CFO Aggregate Year-to-Date ▼	Transaction ID: 16894972 Amount of Each Receipt this Period
Woodstock FEC ID number of federal political colored federal political colored federal political colored federal federal federal federal federal federal political colored federal federal political colored federal	er I Associat-	GA 30189-2561 C Occupation Senior Vice President & CFO Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of federal political consideral political consideration. Full Name (Last, Mr. Robert E. Bolo Mailing Address City Marietta	er I Associat-	Occupation Senior Vice President & CFO Aggregate Year-to-Date ▼	
Full Name (Last, Mr. Receipt For: PEC ID number of federal political con secent for: Name of Employe Georgia Hospital ion Full Name (Last, Mr. Kevin Bloye Mailing Address City Douglasville FEC ID number of federal political con georgia Hospital ion Receipt For: Primary Other (spective federal political con georgia Hospital ion Receipt For: Primary Other (spective federal political con georgia Hospital ion georgia	er I Associat-	Occupation Senior Vice President & CFO Aggregate Year-to-Date ▼	500.00
Georgia Hospital ion Receipt For: Primary Other (spective Mailing Address) PEC ID number of federal political consecution Receipt For: Primary Other (spective Mailing Address) Full Name (Last, Mr. Robert E. Bolomailing Address) City Marietta	Associat-	Senior Vice President & CFO Aggregate Year-to-Date ▼	
Full Name (Last, Mr. Kevin Bloye Mailing Address City Douglasville FEC ID number of federal political confector for: Primary Other (spector) Receipt For: Primary Other (spector) Full Name (Last, Mr. Robert E. Bold Mailing Address City Marietta	General	Aggregate Year-to-Date ▼	
Full Name (Last, Mr. Kevin Bloye Mailing Address City Douglasville FEC ID number of federal political color (Georgia Hospital ion Receipt For: Primary Other (spector) Full Name (Last, Mr. Robert E. Bold Mailing Address City Marietta			-
Full Name (Last, Mr. Kevin Bloye Mailing Address City Douglasville FEC ID number of federal political color Georgia Hospital ion Receipt For: Primary Other (spective of the color of		500.00	
Mr. Kevin Bloye Mailing Address City Douglasville FEC ID number of federal political of the federal political of feder			
Mailing Address City Douglasville FEC ID number of federal political or federal political	First, Middle Initial)	Date of Receipt	
Douglasville FEC ID number of federal political considered for the federal political federal political federal	2813 Bakers Bridge Dri	03 06 2009	
FEC ID number of federal political consideral political consideral political consideral form. Name of Employe Georgia Hospital ion Receipt For: Primary Other (specific form) Full Name (Last, Mr. Robert E. Bold Mailing Address City Marietta		State Zip Code	Transaction ID: 16894974
Name of Employe Georgia Hospital ion Receipt For: Primary Other (spective Mailing Address City Marietta		GA 30134-862	Amount of Each Receipt this Period
ion Receipt For: Primary Other (spectrum) Primary Other (spectrum) Full Name (Last, Mr. Robert E. Bold Mailing Address City Marietta		C	250.00
Receipt For: Primary Other (specific forms) Full Name (Last, Mr. Robert E. Bold Mailing Address City Marietta	er I Associat-	Occupation Vice President of Public Relations	
Mr. Robert E. Bold Mailing Address City Marietta	General	Aggregate Year-to-Date ▼ 250.00	
City Marietta	First, Middle Initial) den		Date of Receipt
<u>Marietta</u>	900 Powers Ferry Road Suite 104	I	03 06 2009
-		State Zip Code	Transaction ID: 16894975
EEC ID number		GA 30067-5774	Amount of Each Receipt this Period
federal political co	of contributing ommittee.	C	250.00
Name of Employe Georgia Hospital ion	er I Associat-	Occupation Director of Fiscal Services	
Receipt For:		Aggregate Year-to-Date ▼	
Primary Other (spec	General	250.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and are for comparaid purposes, other than union.	d Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 14 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 1 on for the purpose of soliciting contributions
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC		uress or any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Danae Gambill Mailing Address 1345 Towne Lake H 2000-402	lills S. Drive		Date of Receipt 0 3 0 6 2 0 0 9
City	State	Zip Code	Transaction ID: 16894980
Woodstock	GA	30189-5350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Georgia Hospital Associat- ion Receipt For: Primary General Other (specify) ▼		of Government Relations e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Lynn Hale Mailing Address 2016 Harbor Forest Drive			Date of Receipt
City Marietta	State GA	Zip Code 30064-8378	Transaction ID: 16894981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30004 0070	250.00
Name of Employer Georgia Hospital Associat- ion Receipt For:	1	n t to the President e Year-to-Date	
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) Ms. Martha Harrell			Date of Receipt
Mailing Address 109 Springs Drive			03 06 2009
City	State	Zip Code	Transaction ID: 16894984
Roswell	GA	30075-4825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Georgia Hospital Associat- ion	Occupation VP Educ	n ational Services	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any perso lress of any political committee to	
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Ethan James			Date of Receipt
Mailing Address 1675 Terrell Mill Road			03 06 7 2009
City	State	Zip Code	Transaction ID: 16894986
<u>Marietta</u>	GA	30067-8339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		504.00
Name of Employer	Occupation	1	
Georgia Hospitál Associat- ion		of Grassroots and Advocacy	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	504.00	
Full Name (Last, First, Middle Initial) Ms. Kathryn McGowan			Date of Receipt
Mailing Address 4546 Windsor Oaks Ct.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 16894987
<u>Marietta</u>	GA	30066-2241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Georgia Hospital Associat- ion	Occupation Dir, Partn	n Jership for Health and Accou	ın
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Joseph A. Parker			Date of Receipt
Mailing Address 3497 Mill Bridge Drive			03 06 7 2009
City	State	Zip Code	Transaction ID: 16894988
<u>Marietta</u>	GA	30062-5598	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Georgia Hospital Associat- ion	Occupation President	& Chief Executive Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
SUBTOTAL of Receipts This Page (optional)			1754.00

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Rhett C. Partin	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
,		
Mailing Address Route 2 Box 3425 City	State Zip Code	Date of Receipt M
Nashville	GA 31639-9537	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 31033-3337	250.00
Name of Employer Georgia Hospital Associat- ion Receipt For: Primary General Other (specify) ▼	Occupation Executive Director, The Center for R Aggregate Year-to-Date 250.00	tur
Full Name (Last, First, Middle Initial) Mr. Glenn Pearson Mailing Address 660 Crossfire Ridge		Date of Receipt
City	State Zip Code	03 06 2009
Marietta	GA 30064-1393	Transaction ID: 16894992 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Georgia Hospital Associat- ion	Occupation Executive Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Earl Rogers		Date of Receipt
Mailing Address 1675 Terrell Mill Roa	d	03 06 2009
City	State Zip Code	Transaction ID: 16894995
<u>Marietta</u>	GA 30067-8339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Georgia Hospital Associat- ion	Occupation Senior VP, Government Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Ms. Temple Sellers		Date of Receipt
	Mailing Address 1782 Briar Lake Circle	7:01	03 06 2009
	City Decatur	State Zip Code GA 30033-1110	Transaction ID: 16894999 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Regulatory Legislative Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
– В.	Full Name (Last, First, Middle Initial) Ms. Karen Waters		Date of Receipt
	Mailing Address 1569 Asheforde Drive		03 / 06 / 2009
	City Marietta	State Zip Code GA 30068-1850	Transaction ID: 16895005
	FEC ID number of contributing federal political committee.	GA 30068-1850	Amount of Each Receipt this Period 500.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Vice President, Professional Services	S
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) Ms. Katherine Keene		Date of Receipt
	Mailing Address 3861 St. Andrew's Loo		03 / 11 / 2009
	City <u>Sa</u> lem	State Zip Code OR 97302	Transaction ID: 16905171 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Salem Health	Occupation Chair	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)		1350.00
t	TOTAL This Period (last page this line number		

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report for commercial purposes, other that NAME OF COMMITTEE (In Full) American Hospital Association	orts and Statements may not be sold or used by any person using the name and address of any political committee to no PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initia Ms. Sue G Brody Mailing Address 701 Sixth Structure City Saint Petersburg FEC ID number of contributing federal political committee. Name of Employer Bayfront Medical Center Receipt For: Primary General	State Zip Code FL 33701-4891 C Occupation President and Chief Executive Officer Aggregate Year-to-Date	Date of Receipt 0 3 1 1 2 0 0 9 Transaction ID: 16905173 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial Mr. Anthony L Spezia Mailing Address 1504 Botsford City Knoxville FEC ID number of contributing federal political committee. Name of Employer Covenant Health Receipt For: Primary General Other (specify)	*	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initia Ms. Stephanie S. McCutcheon Mailing Address 1600 Seton D City Springfield FEC ID number of contributing federal political committee. Name of Employer Hospital Sisters Health System Receipt For: Primary General Other (specify)	,	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 83 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any pers le name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr Patrick Boran Mailing Address 3300 Oakdale Avenu	e North	Date of Receipt 0 3 1 1 2 0 0 9
City	State Zip Code	Transaction ID: 16906433
Robbinsdale FEC ID number of contributing federal political committee.	MN 55422-2926	Amount of Each Receipt this Period 250.00
Name of Employer North Memorial Health Care Receipt For: Primary General Other (specify) ▼	Occupation Chief Financial Officer Aggregate Year-to-Date 250.00	1
Full Name (Last, First, Middle Initial) Mr. Rocklon B. Chapin Mailing Address 4232 Washington Dr		Date of Receipt
City	State Zip Code	0 3 1 1 2 0 0 9 Transaction ID: 16906434
Hermantown	MN 55811-3687	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer St. Mary's/Duluth Clinic Health System	Occupation Executive Vice President & Sr. Office	er
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. David W Cress	_L	Date of Receipt
Mailing Address 3300 Oakdale Avenu	e North	03 11 2009
City Robbinsdale	State Zip Code MN 55422-2926	Transaction ID: 16906438 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer North Memorial Health Care	Occupation President and Chief Executive Office	er
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		1750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۱.	Full Name (Last, First, Middle Initial) Ms. Joanell M. Dyrstad Mailing Address 910 West Sixth Street		Date of Receipt
		Chata 7:a Cada	03 11 2009
	City Red Wing	State Zip Code MN 55066-2432	Transaction ID: 16906439 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Fairview Red Wing Medical Center	Occupation Board Chair	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- s.	Full Name (Last, First, Middle Initial) Mr. Russell Johnson	<u> </u>	Date of Receipt
	Mailing Address 106 Blanca Avenue	03 13 2009	
	City	State Zip Code	Transaction ID: 16909839
	Alamosa FEC ID number of contributing federal political committee.	CO 81101-2393	Amount of Each Receipt this Period 500.00
	Name of Employer San Luis Valley Regional Medical Cente	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) Mr. Edward J. Hannon	I	Date of Receipt
	Mailing Address P.O. Box 730		03 13 2009
	City	State Zip Code	Transaction ID: 16909840
	Marion FEC ID number of contributing federal political committee.	NC 28752-0730	Amount of Each Receipt this Period 1000.00
	Name of Employer McDowell Hospital	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
Γ.	SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 83 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Ellen Smith, RN Mailing Address 14707 Via Del Nor	te		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Houston FEC ID number of contributing	State TX	Zip Code 77083	Transaction ID: 16909847 Amount of Each Receipt this Period
federal political committee. Name of Employer Dubuis Health System Receipt For:	Occupation Presiden		1000.00
Primary General Other (specify) ▼	Aggregate	1000.00	
Full Name (Last, First, Middle Initial) Mr. James G Parrish, , FACHE Mailing Address 118 East Haskell S	Street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 16911006
Winnemucca			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Humboldt General Hospital		ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Liza Jensen			Date of Receipt
Mailing Address 8109 Fredericksbu	rg Rd		03 13 2009
City	State	Zip Code	Transaction ID: 16911009
San Antonio FEC ID number of contributing federal political committee.	C	78229-3311	Amount of Each Receipt this Period 350.00
Name of Employer Methodist Healthcare Syst- em of San Ant Receipt For:	- ' '	n rector, Operations Complian re Year-to-Date	ce
Primary General Other (specify) ▼	Aggregate	350.00	
SUBTOTAL of Receipts This Page (options	al)		1850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 83 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley			Date of Receipt
Mailing Address 257 Clouse Lane	03 13 2009		
City Granville	State OH	Zip Code 43023-1428	Transaction ID: 16911021 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Ohio Hospital Association	Occupatio Senior V	n ice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Fred C Rothstein, , M.D.			Date of Receipt
Mailing Address 1080 W Hill Drive			03 13 7 9 9
City	State Zip Code OH 44040-9627		Transaction ID: 16911023
Gates Mills FEC ID number of contributing federal political committee.	C	44040-9627	Amount of Each Receipt this Period 250.00
Name of Employer University Hospitals Case Medical Cent	Occupatio Chief Ex	n ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Craig A. Becker			Date of Receipt
Mailing Address 9616 Brunswick			03 13 2009
City Brentwood	State TN	Zip Code 37027-8467	Transaction ID: 16911055 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07027 0407	1000.00
Name of Employer Tennessee Hospital Associ- ation	Occupatio Presiden	t	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	\		1500.00

SCHEDULE A (FEC FO	rm 3X) Use separate schedule(for each category of the Detailed Summary Page	(Crieck Orlly Orle)
Any information copied from such F or for commercial purposes, other the NAME OF COMMITTEE (In Ful American Hospital Associa	•	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle In Ms. Charlotte Burns Mailing Address 935 Wayne City	Road State Zip Code	Date of Receipt 0 3 1 3 2 0 0 9 Transaction ID: 16911056
Savannah FEC ID number of contributing federal political committee.	TN 38372-1937	Amount of Each Receipt this Period 350.00
Name of Employer Hardin Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Administrator and Chief Executi Aggregate Year-to-Date 350.0	
Full Name (Last, First, Middle In Ms. Jacquelyn Harms, , R.N. Mailing Address 151 Roger	,	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Durant FEC ID number of contributing federal political committee.	State Zip Code OK 74702-1207	Transaction ID: 16911962 Amount of Each Receipt this Period 500.00
Name of Employer Medical Center of Southea- stern Oklahom Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date 500.0	0
Full Name (Last, First, Middle In Mr. Robin E Lake Mailing Address P O Box 23	,	Date of Receipt
City Elk City FEC ID number of contributing	State Zip Code OK 73648-2339	Transaction ID: 16911965 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer Great Plains Regional Medical Center	Occupation Chief Executive Officer	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	0 ,
SUBTOTAL of Receipts This Pag	e (optional)	1100.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any person	FOR LINE NUMBER: PAGE 24 / 83 (check only one) X
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and address of any political committee to s	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ms. Jane McDowell Mailing Address P O Box 90		Date of Receipt
	City	State Zip Code	0 3 1 6 2 0 0 9 Transaction ID: 16911973
	<u>Waurika</u>	OK 73573-0090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Jefferson County Hospital	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Thomas A Biga		Date of Receipt
	Mailing Address 29 Highand Avenue		03 13 7 2009
	City	State Zip Code	Transaction ID: 16914032
	Fair Haven FEC ID number of contributing federal political committee.	NJ 07704-3620	Amount of Each Receipt this Period 500.00
	Name of Employer Saint Barnabas Health Care System	Occupation Executive Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
- С.	Full Name (Last, First, Middle Initial) Ms. Joanne Carrocino, , FACHE		Date of Receipt
	Mailing Address 903 Shore Drive		03 13 2009
	City	State Zip Code	Transaction ID: 16914037
	Cape May	NJ 08204-2234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Cape Regional Medical Cen- ter	Occupation President and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	·····	1500.00
ı			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Mr. Michael Maron		Date of Receipt
	Mailing Address 34 Grove Street		03 / 13 / 2009
	City Oradell	State Zip Code NJ 07649	Transaction ID: 16914054
	FEC ID number of contributing federal political committee.	C 07049	Amount of Each Receipt this Period 500.00
	Name of Employer Holy Name Hospital	Occupation President and Chief Executive Office	er
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
- s.	Full Name (Last, First, Middle Initial) Ms. Audrey Meyers Mailing Address 251 Highland Avenue		Date of Receipt
			03 13 2009
	City	State Zip Code	Transaction ID: 16914056
	Ridgewood FEC ID number of contributing federal political committee.	NJ 07450-2726	Amount of Each Receipt this Period 500.00
	Name of Employer Valley Health System	Occupation President and Chief Executive Office	er
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Ms. Elizabeth A. Ryan, Esq.		Date of Receipt
	Mailing Address 4 Brookside Drive		03 13 2009
	City	State Zip Code	Transaction ID: 16914061
	Bordentown FEC ID number of contributing federal political committee.	NJ 08505-4439	Amount of Each Receipt this Period 625.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation President & Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
	SUBTOTAL of Receipts This Page (optional)	1	1625.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 83 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Craig J Broman Mailing Address 1406 Sixth Avenue N	North		Date of Receipt 0 3 1 7 2 0 0 9
City Saint Cloud FEC ID number of contributing federal political committee.	State MN	Zip Code 56303-1901	Transaction ID: 16914458 Amount of Each Receipt this Period 500.00
Name of Employer St. Cloud Hospital Receipt For: Primary General Other (specify) ▼	Occupation Presiden Aggregate		
Full Name (Last, First, Middle Initial) Mr. Keith Okeson Mailing Address 715 Delmore Avenue	e		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Roseau FEC ID number of contributing federal political committee.	State MN	Zip Code 56751-1534	Transaction ID: 16914467 Amount of Each Receipt this Period 250.00
Name of Employer LifeCare Medical Center Receipt For: Primary General Other (specify) ▼	- 1 '	n t and CEO e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Jean Przybylek Mailing Address 306 Highland			Date of Receipt 0 3 1 7 2 0 0 9
City Elmhurst FEC ID number of contributing federal political committee.	State IL	Zip Code 60126-2245	Transaction ID: 16914490 Amount of Each Receipt this Period 250.00
Name of Employer Northwestern Memorial Hos- pital Receipt For: Primary General Other (specify) ▼	- ' '	n sident, Operations e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 83 (check only one) X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	I Statements may not be sold or used by any person he name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Mary Lou Mastro Mailing Address 852 West Street City Naperville FEC ID number of contributing federal political committee. Name of Employer Linden Oaks Hospital at Edward Receipt For: Primary General	State Zip Code IL 60540-6400 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Peter McCanna Mailing Address 2025 Schiller City Wilmette FEC ID number of contributing federal political committee. Name of Employer Northwestern Memorial Hospital Receipt For:	State Zip Code IL 60091-2323 C Occupation Senior Vice President and Chief Finance Aggregate Year-to-Date	Date of Receipt M M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dennis Murphy Mailing Address 48 Royal Vale Drive City Oak Brook FEC ID number of contributing federal political committee.	250.00 State Zip Code IL 60523-1643 C	Date of Receipt M M M / D D / Y Y Y Y Y O 3 17 2009 Transaction ID: 16914501 Amount of Each Receipt this Period 500.00
Name of Employer Northwestern Memorial Hospital Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Occupation Director, Medical Affairs Aggregate Year-to-Date 500.00	1000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than use NAME OF COMMITTEE (In Full) American Hospital Association F	s and Statements may not be sold or used by any person sing the name and address of any political committee to PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Brenda Gail Summers Mailing Address 1351 Anthem Co City Charlotte FEC ID number of contributing federal political committee. Name of Employer The Greeley Company Receipt For: Primary General Other (specify)	State Zip Code NC 28205-7981 C Occupation Senior Consultant Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Q 0 9 Transaction ID: 16914599 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Ms. Kathleen Hoeft Mailing Address P O Box 256 City Ashley FEC ID number of contributing federal political committee. Name of Employer Ashley Medical Center Receipt For: Primary General Other (specify)	State Zip Code ND 58413-0450 C Occupation Administrator and Chief Executive Off Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 7 2 0 0 9 Transaction ID: 16914676 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Dr. Mary Beth Walsh, , M.D. Mailing Address 785 Mamaronec City White Plains FEC ID number of contributing federal political committee. Name of Employer Burke Rehabilitation Hospital Receipt For: Primary Other (specify)	State Zip Code NY 10605-2593 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (opti	onal)	950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Julia A. Hunt, CAVS Mailing Address 4401 S. Western City	State Zip Code	Date of Receipt M
Oklahoma City FEC ID number of contributing federal political committee.	OK 73109-3413	Amount of Each Receipt this Period 350.00
Name of Employer Integris Southwest Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Director, Volunteer Services Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Judith Husted Mailing Address 220 Morean Ranch	Road	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16935052
Glendora	CA 91741-6434	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Kaiser Permanente Health Plan, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Executive Director, Patient Care Servi Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Mr. John W O'Connell Mailing Address 2155 Hawthorne Re	nad	Date of Receipt
		03 20 2009
City Ottowa Hilla	State Zip Code OH 43606-2644	Transaction ID: 16935208
Ottawa Hills FEC ID number of contributing federal political committee.	OH 43606-2644	Amount of Each Receipt this Period 350.00
Name of Employer Franciscan Services Corporation Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 350.00	
SUBTOTAL of Receipts This Page (options	al)	1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to		
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Harry G Dorman, III		Date of Receipt	
Mailing Address 125 Mascoma Street		03 31 2009	
City	State Zip Code	Transaction ID: 16942404	
Lebanon	NH 03766-2647	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer Alice Peck Day Memorial	Occupation	7	
<u>Hospital</u>	President and Chief Executive Officer	•	
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify) ▼	500.00		
Full Name (Last, First, Middle Initial)		Date of Ressint	
Mr. William C. Schoenhard, FACHE Mailing Address 420 Fairwood Lane		Date of Receipt	
	7: 0.1	03 31 2009	
City <u>Kirkwood</u>	State Zip Code MO 63122-4429	Transaction ID: 16942406	
FEC ID number of contributing federal political committee.	MO 63122-4429	Amount of Each Receipt this Period 1000.00	
Name of Employer SSM Health Care	Occupation Exec. V.P. & Chief Operating Officer		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Dr. Carol A. Watson, Ph.D., RN		Date of Receipt	
Mailing Address 390 NB 50 Newton Road		03 24 2009	
City	State Zip Code	Transaction ID: 16942413	
<u>Iowa City</u>	IA 52242-9296	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer University of Iowa College of Nursing	Occupation Professor-Clinical		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	500.00		
SUBTOTAL of Receipts This Page (optional)	•	2000.0	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 83 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Dawn M. Bach		Date of Receipt
Mailing Address 1525 West 5th Street	t	03 24 2009
City	State Zip Code	Transaction ID: 16942414
Storm Lake	IA 50588-3027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Buena Vista Regional Medi- cal Center	Occupation Director of Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Joe Duerr	1	Date of Receipt
Mailing Address 501 14th Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16942425
Perry	OK 73077-5099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Perry Memorial Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Craig W. Jones, FACHE		Date of Receipt
Mailing Address 1904 Windermere Dr	ive	03 25 2009
City	State Zip Code	Transaction ID: 16942429
Norman	OK 73072-3005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	875.00
Name of Employer Oklahoma Hospital Associa- tion	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	875.00	
		1375.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 83 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAGE	C		
Full Name (Last, First, Middle Initial) Mr. Gary W. Mitchell			Date of Receipt
Mailing Address 905 South Main			03 25 2009
City Shattuck	State OK	Zip Code 73858-9205	Transaction ID: 16942431
FEC ID number of contributing federal political committee.	C	73030-9203	Amount of Each Receipt this Period 500.00
Name of Employer Newman Memorial Hospital	Occupatio Chief Exc	n ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Jerry G Moeller	 		Date of Receipt
Mailing Address 1323 W. Sixth			03 25 2009
City Stillwater	State OK	Zip Code 74074-4306	Transaction ID: 16942432
FEC ID number of contributing federal political committee.	C	74074-4300	Amount of Each Receipt this Period 500.00
Name of Employer Stillwater Medical Center	Occupatio Presiden	n t and Chief Executive Office	r
Receipt For: Primary General Other (specify) ▼	 '	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Michael Nunamaker			Date of Receipt
Mailing Address 2220 West Iowa Av	/enue		03 25 2009
City	State OK	Zip Code	Transaction ID: 16942434
Chickasha FEC ID number of contributing federal political committee.	C	73018-2700	Amount of Each Receipt this Period 250.00
Name of Employer Grady Memorial Hospital	Occupatio Chief Exc	n ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1250.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC		
۱.	Full Name (Last, First, Middle Initial) Mr. James Wadzinski Mailing Address One North Franklin		Date of Receipt
	City	State Zip Code	0 3 2 5 2 0 0 9 Transaction ID: 16947483
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President Account Services	
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 580.00	
_	Other (specify) ▼ Full Name (Last, First, Middle Initial)		
-	Mr. Edward H Lamb, , FACHE Mailing Address 4831 Southpark Bluff	Drive	Date of Receipt 0 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: 16947484
	Anchorage	AK 99516-4865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Alaska Regional Hospital	Occupation President and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) Mr. James Wadzinski		Date of Receipt
	Mailing Address One North Franklin		03 / 26 / Y Y Y Y Y
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: 16975891
	FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President Account Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	
Γ		1	1150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 83 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persongers of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAG	C		
Full Name (Last, First, Middle Initial) Mr. Paul R Stewart			Date of Receipt
Mailing Address 2865 Daggett Aven	ue		03 31 2009
City Klamath Falls	State OR	Zip Code 97601-1106	Transaction ID: 16990201 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Sky Lakes Medical Center	Occupation Chief Exe	n ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Dawn M. Bach			Date of Receipt
Mailing Address 1525 West 5th Stre	eet		03 31 2009
City Storm Lake	State IA	Zip Code 50588-3027	Transaction ID: 16990203 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		140.00
Name of Employer Buena Vista Regional Medi- cal Center	Occupation Director	n of Clinical Services	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
Mailing Address 13106 Vingle Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Silver Spring	State MD	Zip Code 20906	Transaction ID: 17041083 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20000	39.00
Name of Employer American Hospital Associa- tion-Washingt		ce President	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 195.00	
SUBTOTAL of Receipts This Page (optional	J		529.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 83 (check only one) X
\ \	ny information copied from such Reports and St. r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
۱.	Mailing Address 325 Seventh Street, NV Suite 700			03 / 27 / 2009
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: 17041087
	FEC ID number of contributing federal political committee.	C	20004-2010	Amount of Each Receipt this Period 39.00
	Name of Employer American Hospital Association-Washingt Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	1100110	n sident Executive Branch Rela Year-to-Date ▼ 195.00	ati
3.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton Mailing Address 325 Seventh Street, NV	۸/		Date of Receipt
	Suite 700	· V		03 / 31 / 2009
	City	State	Zip Code	Transaction ID: PR1045726222301
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 78.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	1	n ice President & General Cou e Year-to-Date ▼	ınse
	Primary General Other (specify) ▼	Aggregate	234.00	P/R Deduction (\$39.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. James Wadzinski			Date of Receipt
	Mailing Address One North Franklin			03 31 2009
	City	State	Zip Code	Transaction ID: PR1347703422301
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer American Hospital Associa- tion-Chicago		sident Account Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 770.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			157.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16
any information copied from such Reports and S	Statements may not be sold or used by any an and address of any political commit	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	That is and address of any political committee	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Catherine D. Sewell		Date of Receipt
Mailing Address One North Franklin		03 / 03 / 2009
City	State Zip Code	Transaction ID: PR1347708422301
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, ASHHRA	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	234.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. John Slotman	1	Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	03 31 7 2009
City	State Zip Code	Transaction ID: PR1384065322301
Washington	DC 20004-2802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director, Federal Relat	ions
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	234.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Linda Fishman	1	Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	03 / 31 / 2009
City	State Zip Code	Transaction ID: PR327629122301
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President, Public Pol	icy
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	234.00	P/R Deduction (\$39.00 Bi- Weekly)
SURTOTAL of Receipts This Page (optional)		234.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 83 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner		Date of Receipt
Mailing Address 11004 Petersborough I	Drive	03 / 31 / 2009
City	State Zip Code	Transaction ID: PR327745922301
Rockville	MD 20852-3249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Grassroots Advocacy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	234.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN		Date of Receipt
Mailing Address 325 Seventh Street, NV Suite 700	N	03 / 31 / 2009
City	State Zip Code	Transaction ID: PR327812022301
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Chief Executive Officer, AONE	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	234.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Mark Seklecki	<u> </u>	Date of Receipt
Mailing Address 325 Seventh Street, NV Suite 700	N	03 31 2009
City	State Zip Code	Transaction ID: PR327858022301
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Political Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	234.00	P/R Deduction (\$39.00 Bi- Weekly)
CURTOTAL of Descript This Description		234.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 38 / 83 (check only one) X
,	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be name and address o	e sold or used by any perso f any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۷.	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin	0	0.1	03 / 31 / 2009
	City Millis		p Code 0606-3436	Transaction ID: PR327877822301
	FEC ID number of contributing federal political committee.	C	0000-3430	Amount of Each Receipt this Period 78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Exect	utive	
	Receipt For: Primary General	Aggregate Year-t	o-Date ▼	D/D Dadweties (\$20.00 B)
	Other (specify)		234.00	P/R Deduction (\$39.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock			Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	W		03 / 31 / 2009
	City		p Code	Transaction ID: PR328132822301
	Washington	DC 2	0004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation President and	Chief Executive Office	r
	Receipt For:	Aggregate Year-t	o-Date ▼	
	Primary General Other (specify) ▼		234.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 7th Ave			03 31 2009
	City	State Zi	p Code	Transaction ID: PR328136922301
	<u>La Grange</u>	<u>IL</u> 6	0525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		78.00
	Name of Employer American Hospital Associa- tion-Chicago	, ·	lent, Member Relations	S
	Receipt For: Primary General Other (specify)	Aggregate Year-t	o-Date ▼ 234.00	P/R Deduction (\$39.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	<u> </u>		234.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
<u>/_</u>	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date of Receipt
	Mailing Address 5545 North Wayne		03 / 31 / 2009
	City Chicago	State Zip Code IL 60640-1318	Transaction ID: PR328223822301 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	234.00	P/R Deduction (\$39.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.	<u> </u>	Date of Receipt
	Mailing Address 13106 Vingle Lane		03 31 2009
	City	State Zip Code	Transaction ID: PR328224922301
	Silver Spring	MD 20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	39.00
	Name of Employer American Hospital Associa-	Occupation Senior Vice President	
	tion-Washingt Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	234.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt
	Mailing Address 3475 North Venice Str	eet	03 31 2009
	City	State Zip Code	Transaction ID: PR328260922301
	Arlington	VA 22207-4446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi- Weekly)
			195.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Soc separate sortedate(s)		
,	nny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
/	American Hospital Association PAC Full Name (Last, First, Middle Initial)				
١.	Mr. Richard H. Wade Mailing Address 1221 Cavalier Road			Date of Receipt	
	City	State	Zip Code	0 3 3 1 2 0 0 9 Transaction ID: PR328310422301	
	Arnold	MD	21012-2126	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		78.00	
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vi	n ice President Strategic Com	— mψn	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		234.00	P/R Deduction (\$39.00 Bi- Weekly)	
. –	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt	
	Mailing Address 325 Seventh Street, NV Suite 700	V		03 / 31 / 2009	
	City	State	Zip Code	Transaction ID: PR328341822301	
	Washington	DC	20004-2818	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		78.00	
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n Political Action & Grassroot		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		234.00	P/R Deduction (\$39.00 Bi- Weekly)	
_	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt	
	Mailing Address 200 Clover Hill Court			03 / 31 / 2009	
	City	State	Zip Code	Transaction ID: PR328511822301	
	Yardley	PA	19067-5736	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		78.00	
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi- Weekly)	
	SUBTOTAL of Receipts This Page (optional)			234.00	

ITEM	EDULE A (FEC Form 3X) IIZED RECEIPTS	intomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 83 (check only one) X 11a
or for c	ormation copied from such Reports and Stommercial purposes, other than using the ME OF COMMITTEE (In Full) erican Hospital Association PAC	name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr	Name (Last, First, Middle Initial) John R. Combes, MD ing Address One North Franklin			Date of Receipt
City <u>Chi</u>	cago	State IL	Zip Code 60606-3436	0 3 3 1 2 0 0 9 Transaction ID: PR329071322301 Amount of Each Receipt this Period
fede	CID number of contributing eral political committee.	С		78.00
<u>tion</u>	ne of Employer erican Hospital Associa- Chicago eipt For: Primary General Other (specify)		t & Chief Operating Officer, e Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi-Weekly)
Mr. `	Name (Last, First, Middle Initial) W. Thomas Deweese ing Address 500 Interstate Boulevar	rd South		Date of Receipt 0 3 3 1 2 0 0 9
City		State	Zip Code	Transaction ID: PR329215722301
<u>Na</u>	shville	TN	37210-4634	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	С		78.00
Ame tion	ne of Employer erican Hospital Associa- Chicago eipt For: Primary General Other (specify)	_•	n gional Executive e Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi-Weekly)
	Name (Last, First, Middle Initial) Paul N. Muraca			Date of Receipt
Mail	ing Address 4960 138th Cricle Wes	t		03 31 2009
City		State	Zip Code	Transaction ID: PR330475422301
FEC	DIE Valley CID number of contributing eral political committee.	C	55124-9229	Amount of Each Receipt this Period 78.00
<u>tion</u>	ne of Employer erican Hospital Associa- -Chicago		Executive	
Hec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi- Weekly)
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SCHEDULI ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercia	I purposes, other than using the	Statements may e name and add	y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
1 1	OMMITTEE (In Full) Iospital Association PAC			
Mr. Alex R. Wh	· · · · · · · · · · · · · · · · · · ·			Date of Receipt
	ess PO Box 15587	Chaha	7:n Oada	03 31 2009
City Austin		State TX	Zip Code 78761-5587	Transaction ID: PR331416022301 Amount of Each Receipt this Period
	per of contributing al committee.	C	101010001	116.00
Name of Emp American Hos tion-Chicago	oloyer spital Associa-	Occupation Regional	n Executive	
Receipt For:	Canada	Aggregate	e Year-to-Date ▼	
Primary Other (s	General General ▼		348.00	P/R Deduction (\$58.00 Bi- Weekly)
Full Name (La	ast, First, Middle Initial)			Date of Receipt
Mailing Addre	ss 521 Great Falls St.			03 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: PR331533222301
Falls Churc	h	VA	22046-2613	Amount of Each Receipt this Period
federal politica		С		78.00
tion-Washing	oloyer spital Associa- t	Occupation Vice Pres	n sident, Policy	
Receipt For: Primary	General	Aggregate	Year-to-Date ▼	D/D D - I - 1' (\$20 00 D)
	specify) ▼		234.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (La Ms. Kristin We	ast, First, Middle Initial) elsh	1		Date of Receipt
Mailing Addre	ss 325 Seventh Street, N Suite 700	W		03 31 7 2009
City		State	Zip Code	Transaction ID: PR517619722301
Washingtor		DC	20004-2818	Amount of Each Receipt this Period
federal politica		C		39.00
tion-Washing	spītal Associa-		sident Executive Branch Rela	ti
Receipt For: Primary	General	Aggregate	Year-to-Date ▼	P/R Deduction (\$39.00 Bi-
Other (s	specify) ▼	0 0	234.00	Weekly)
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SCHEDULE A (FEC Form 3)	()		FOR LINE NUMBER: PAGE 43 / 83
ITEMIZED RECEIPTS	-,	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Fede	eral		Date of Receipt
Mailing Address 1215 K Street Suite 800			03 18 2009
City	State	Zip Code	Transaction ID: 16925406
Sacramento	CA	95814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C cod)237495	50000.00
Name of Employer	Occupatio	n	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		e Year-to-Date ▼ 50000.00	

SUBTOTAL of Receipts This Page (optional)	•	50000.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 83 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee. Name of Employer	DC C Occupatio	20005 n	Amount of Each Receipt this Period 410.99
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1328.13	Interest

SUBTOTAL of Receipts This Page (optional)	•	410.99
TOTAL This Period (last page this line number only)	•	410.99

В.

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SCHEDULE B (FEC Form 3X)		Use separate schedule(s)				NE NUMBER: PAGE 45 / 83 inly one)								
ITEMIZED DISBURSEMENTS		category of the Summary Page		F	21b 27	\mathbb{H}	22 28a	X	23 28b	24	. F	25 29	F	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name							the pu		se of so	oliciting	contr			
NAME OF COMMITTEE (In Full) American Hospital Association PAC	le and addre	ss or any pontical	COII		illee to s	SOIIC	it Contr	ibuti	OHS IT	JIII SUCI	COII	imitee		
Full Name (Last, First, Middle Initial) A New Direction PAC Mailing Address PO Box 4234							Date o		sburse	1692 ement		2 2 0 0	9 ^Y	
City Concord	State NH	Zip Code 03302					Amou	nt o	f Each	Disbur	seme	nt this	Peri	od
Purpose of Disbursement 2009 Contribution				_	011		L.				2	500.0	0	
Candidate Name A New Direction PAC					egory/ ype									
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼					2009	Cor	ntribut	ion				
Full Name (Last, First, Middle Initial) Wyoming Values PAC									on ID:	1692 ement	2637	3		
Mailing Address 901 N. Washington Stre Suite 102	et						0 3	М	0	^D /	Y	ž 0 Ŏ	9 ^Y	
City Alexandria	State VA	Zip Code 22314					Amou	nt o	f Each	Disbur	seme	nt this	Peri	od
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Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	1692	2637	4		
Victory Now!							М	of Di м	sburse		Υ	YY	Υ	
Mailing Address 10605 Concord Street Suite 202							0 3		0	3 /		ž 0 Ŏ	9	
City Kensington	State MD	Zip Code 20895					Amou	nt o	f Each	Disbur	seme	nt this	Peri	od
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Candidate Name Victory Now!			Ca	at	egory/ ype									
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 46 / 83
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) American Hospital Association PAC	c and address of any pointed of	357111111111111111111111111111111111111	ion contributions from such committee
Full Name (Last, First, Middle Initial) PETEPAC: People for Enterprise Trade &	Econ Growth		Transaction ID: 16926375 Date of Disbursement
Mailing Address 3686 King Street #146			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} Y$
Alexandria	State Zip Code VA 22302		Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution Candidate Name		011 Category/	1500.00
PETEPAC: People for Enterprise Trade &	Econ Growth ement For:	Type	2009 Contribution
Senate President	Primary General Other (specify) ▼		2009 Contribution
State: District: Full Name (Last, First, Middle Initial)			Tuescastics ID. 10000070
Gingrey For Congress			Transaction ID: 16926376 Date of Disbursement 0 3
Mailing Address PO Box U			03 03 2009
City Marietta	State Zip Code GA 30060		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Rep. Phil Gingrey, M.D.		011 Category/	1000.00
Office Sought: X House Disburse	ement For: 2010 Primary General Other (specify)	Туре	Contribution
Full Name (Last, First, Middle Initial) Markey For Congress			Transaction ID: 16926935 Date of Disbursement
Mailing Address PO Box 1333			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & 9 \end{smallmatrix} \end{bmatrix}$
Fort Collins	State Zip Code CO 80521		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011 Category/	1000.00
Rep. Betsy Markey		Type	
Senate X President	ement For: 2010 Primary General Other (specify)		Contribution
State: CO District: 04			
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L-	NAME OF COMMITTEE (In F American Hospital Associa	ااد)		so or any ponincar									
/	Full Name (Last, First, Middle I Martin Heinrich For Congr	*						action		16926 ent	936		
	Mailing Address 2118 Ce	ntral Avenue Se					0,3	M /	0 3		Ž	o ŏ 9	Y
	City Albuquerque		State NM	Zip Code 87106			Amou	int of E	ach D	sburse			erio
	Purpose of Disbursement Contribution				01	_	<u> </u>	-			100	00.00	-
	Candidate Name Rep. Martin Heinrich				ate Ty	gory/ oe							
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	State: NM District: 01 Full Name (Last, First, Middle I						Trans	eaction	ın.	16926	:037		
	Friends Of Rosa Delauro						Date M	of Disk	ursem	ent		. Y .	Υ
	Mailing Address 12 Trum	bull Street					0 3		0 3	J L	2	0 ŏ 9	
	City New Haven		State CT	Zip Code 06511			Amou	ınt of E	ach D	sburse			eric
	Purpose of Disbursement Contribution				01	_					100	00.00	
	Candidate Name Rep. Rosa L. DeLauro				ate Typ	gory/ oe							
	Office Sought: X House Senate Preside State: CT District: 03	nt	ement For: C Primary Other (spe	2010 General			Conti	ibutio	n				
	Full Name (Last, First, Middle I Shelley Moore Capito For	,					Date	of Disk	ursem				
	Mailing Address P.O. Box	(11519					0 ^M 3	M /	0 3		ž	0 ŏ 9	Y
	City Charleston		State WV	Zip Code 25339			Amou	ınt of E	ach D	sburse	-		eric
	Purpose of Disbursement Contribution				01		L.	•			100	00.00	_
	Candidate Name Rep. Shelley Moore Capito)			ate Ty	gory/ oe							
	Office Sought: X House Senate Preside State: WV District: 02	nt	ement For: (Primary Other (spe	2010 General			Conti	ibutio	n				
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<u> </u>	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	<u> </u>	23 28b	24 280	<u>;</u> [25 29	
	y Information copied from such Reports and State for commercial purposes, other than using the nar											5
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
V	Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee Mailing Address PO Box 260					Date		burse			o ó s	Y
	City Newtonville	State Zip Code MA 02460				Amou	nt of	Each I	Disburs	emer	nt this F	Period
	Purpose of Disbursement Contribution Candidate Name Rep. Barney Frank		Ca	01°	ory/				•	10	00.00	
	Office Sought: X House Disburs	ement For: 2010 R Primary General Other (specify)		Тур	е	Contr	ibutio	on				
	Full Name (Last, First, Middle Initial) Levin For Congress Mailing Address PO Box 37					Date			D /		((0 0 9) ^Y
	City Roseville Purpose of Disbursement Contribution Candidate Name	State Zip Code MI 48066	-	01		Amou	nt of	Each	Disburs		nt this F	
	Rep. Sander M. Levin Office Sought: X House Disburs	ement For: 2010 Primary General Other (specify)		ateg Typ	•	Contr	ibutio	on				
	Full Name (Last, First, Middle Initial) Kosmas For Congress					Date o		burse				Y
	Mailing Address PO Box 1547	State Zip Code				0 3		0		^	0 0 9	
	City New Smyrna Beach Purpose of Disbursement	State Zip Code FL 32170			-	Amou	TIL OI	Each	Disburs		00.00	
	Contribution Candidate Name Rep. Suzanne M. Kosmas		Ca	01 ateg	ory/							
	9 1	ement For: 2010 Primary General Other (specify)	1			Contr	ibutio	on				
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IT	CHEDULE B (FEC Form	Use sepa	arate schedule(s)	FOR LINE	
	EMIZED DISBURSEMEN	ITS for each	category of the Summary Page	(check on 21b 27	ly one) 22
					for the purpose of soliciting contributions plicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Hospital Association F		ss of any political	COMMITTEE TO SE	Short contributions from Such committee
<u>/</u>	Full Name (Last, First, Middle Initial) Geoff Davis For Congress				Transaction ID: 16926951 Date of Disbursement
	Mailing Address 3161 Dixie Hig Suite F	hway			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 3 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
	City Erlanger	State KY	Zip Code 41018		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name			011 Category/	1000.00
	Rep. Geoffrey Davis Office Sought: X House Senate President State: KY District: 04	Disbursement For: X Primary Other (spe	2010 General	Туре	Contribution
	Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress				Transaction ID: 16926952 Date of Disbursement
	Mailing Address 235 Montgome Suite 610	ery Street			$\begin{bmatrix} M & M & M & M & M & M & M & M & M & M $
	City San Francisco	State CA	Zip Code 94104		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	2500.00
	Candidate Name Rep. Nancy Pelosi	_		Category/ Type	
	Candidate Name	Disbursement For: X Primary Other (spe	2010 General ecify)	Category/	Contribution
	Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President	X Primary	General	Category/	Transaction ID: 16927077 Date of Disbursement
	Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President State: CA District: 08 Full Name (Last, First, Middle Initial)	X Primary Other (spe	General	Category/	Transaction ID: 16927077
	Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Berkley For Congress	X Primary Other (spe	General	Category/	Transaction ID: 16927077 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquist City Las Vegas Purpose of Disbursement Contribution	X Primary Other (spe	General ecify) ▼ Zip Code	Category/ Type	Transaction ID: 16927077 Date of Disbursement O 3
	Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquist City Las Vegas Purpose of Disbursement Contribution Candidate Name Rep. Shelley Berkley	X Primary Other (spe	General ecify) ▼ Zip Code 89121	Category/ Type	Transaction ID: 16927077 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquist City Las Vegas Purpose of Disbursement Contribution Candidate Name	X Primary Other (spe	General ecify) Zip Code 89121 2010 General	Category/ Type 011 Category/	Transaction ID: 16927077 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE E	B (FEC Form 3X)	Use separate sch	edule(s)	_	NUMBER:	PAGE 50 / 83
ITEMIZED DIS	SBURSEMENTS	for each category Detailed Summary		(check only 21b 27	22 X 23 28a 28b	24 25 2 28c 29 3
	ed from such Reports and Statem roses, other than using the name					
NAME OF COM		o and address of any	political oc			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	First, Middle Initial) nry Cuellar Congressional C	ampaign			Transaction ID: Date of Disburse	
Mailing Address	1519 Washington Street Second Floor, Suite 200				03 0	3 7 2009
City Laredo		State Zip Coo TX 78042			Amount of Each	Disbursement this Period 1000.00
Purpose of Disbu Contribution Candidate Name Rep. Henry Cu			[011 Category/ Type		1000.00
Office Sought:	χ House Disburse		010 General	Турс	Contribution	
Full Name (Last, Bright For Con	First, Middle Initial)				Transaction ID: Date of Disburse	ement
Mailing Address	P.O.Box 2106				0 3 0	3 7 2009
City Montgomery		State Zip Coo AL 36102			Amount of Each	Disbursement this Period
Purpose of Disbu Contribution Candidate Name Rep. Bobby Ne			_[011 Category/ Type		1000.00
Office Sought: State: AL			110 General		Contribution	
Full Name (Last, Friends Of Cha	First, Middle Initial) arlie Wilson				Transaction ID: Date of Disburse	ement
Mailing Address	P.O. Box 61				03 0	3 2009
City St. Clairsville		State Zip Coo OH 43950			Amount of Each	Disbursement this Period
Purpose of Disbu Contribution	rsement			011	L	1000.00
Candidate Name Rep. Charles V	Vilson			Category/ Type		
Office Sought:	Senate X President		110 General		Contribution	
State: OH	District: 06					3000.00
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 51 / 83
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
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NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress			Transaction ID: Date of Disburse	
Mailing Address PO Box 1045			03	3 7 2009
City Erie	State Zip Code PA 16512		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Rep. Kathleen A. Dahlkemper		Category/ Type		
	ment For: 2010 Primary General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial) Buck McKeon For Congress			Transaction ID: Date of Disburse	
Mailing Address 23942 Lyons Ave #105			03 0	$\begin{bmatrix} 0 \\ 3 \end{bmatrix}$ $\begin{bmatrix} 1 \\ 2 \\ 0 \\ 0 \\ 9 \end{bmatrix}$
City Santa Clarita	State Zip Code CA 91321		Amount of Each	Disbursement this Period
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Candidate Name Rep. Howard P. McKeon		Category/ Type		
	ment For: 2010 Primary General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee			Transaction ID: Date of Disburse	
Mailing Address Post Office Box 2145			03 / 0	
City West Columbia	State Zip Code SC 29171		Amount of Each	Disbursement this Period
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	Full Name (Last, First, Middle Initial) Chet Edwards For Congress				Transaction ID: 16928969 Date of Disbursement
	Mailing Address PO Box 23273				03
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				011	2500.00
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American Hospital Association PAC															
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City Ft Wright	State Zip Code KY 41011					Amou	ınt o	f Ea	ach I	Disbu	ırse	mer	t this	Period	_ 1
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r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Klein For Congress Mailing Address 21301 Powerline Road, Suite 204 City State Zip Code FL 33431 Purpose of Disbursement Contribution Cardidate Name Rep. Ronald Klein Nancy Pelosi For Congress Mailing Address 235 Montgomery Street Suite 610 City State Zip Code (San First, Middle Initial) Nancy Pelosi For Congress Mailing Address 235 Montgomery Street Suite 610 City State Zip Code (San Francisco CA 94104 Purpose of Disbursement Contribution Cardidate Name Rep. Rancy Pelosi Office Sought: X House Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 2015 Montgomery Street Suite 610 City State Zip Code (San Francisco CA 94104 Purpose of Disbursement Contribution Cardidate Name Rep. Name Pelosi Office Sought: X House President State: CA District: 08 Full Name (Last, First, Middle Initial) Transaction ID: 16930384 Date of Disbursement ID: 16930386 Date of Disb			27	28a 28b 28c 29
American Hospital Association PAC Full Name (Last, First, Middle Initial) Klein For Congress Mailing Address 21301 Powerline Road, Suite 204 City State Zip Code Boca Raton FL 33431 Purpose of Disbursement Contribution Candidate Name President State Stat				
Mailing Address 21301 Powerline Road, Suite 204	·			
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Boca Raton FL 33431 Purpose of Disbursement Contribution Candidate Name Rep. Ronald Klein Contribution Candidate Name Rep. Ronald Klein Contribution State: FL District: 22 Full Name (Last, First, Middle Initial) Nancy Pelosi City San Francisco CA 94104 Purpose of Disbursement Candidate Name Rep. Nancy Pelosi Office Sought: X House State Zip Code Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President Senate President Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Transaction ID: 16930384 Date of Disbursement this Perion Contribution Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Tiberi For Congress Mailing Address 2021 E Dublin Granville Road Suite 2000 City Columbus OH 43229 Purpose of Disbursement Contribution Candidate Name Rep. Patrick J. Tiberi Office Sought: X House Senate President V Primary General Other (specify) ▼ Contribution Candidate Name Rep. Patrick J. Tiberi Office Sought: X House Senate President V Primary General Other (specify) ▼ Contribution Candidate Name Rep. Patrick J. Tiberi Other (specify) ▼ Contribution	Mailing Address 21301 Powerline Road	Suite 204		03 7 06 7 2009
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Rep. Ronald Klein Office Sought:			011	1000.00
Senate President State: FL District: 22 Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 235 Montgomery Street Suite 610 City San Francisco CA 94104 Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President Name (Last, First, Middle Initial) State: CA District: 08 Full Name (Last, First, Middle Initial) Transaction ID: 16930384 Date of Disbursement this Peri 2500.00 Contribution				
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<u></u>	Full Name (Last, First, Middle Initial) Brady For Congress Mailing Address P.O. Box 8277					Date		sburse		93038	9 2 0 0 9) Y
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	Mailing Address 1010 S Street					0 3	M /	□0	6	Y	žošs) [`]
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Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress			Transaction ID: Date of Disburse			394				
Mailing Address P.O. Box 2232			03 00	6	/ Y	žoŏ	9 ^Y			
City Jenkintown	State Zip Code PA 19046		Amount of Each	Disk						
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Candidate Name Rep. Allyson Y. Schwartz		Category/ Type								
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Full Name (Last, First, Middle Initial) Sestak For Congress			Transaction ID: Date of Disburse	emer		395				
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Mailing Address PO Box 549			03 0	6	/ Y	žoŏ	9 ^Y			
City Napoleonville	State Zip Code LA 70390		Amount of Each	Disk	oursen	nent this	Period			
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American Hospital Association PAC											
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Mailing Address PO Box 777				0 ^M 3	М	[′]) 6 /	Y	ž	o ŏ s	Θ_{\perp}
City Deer Park	State Zip Code NY 11729			Amou	ınt o	f Each	Disbu	rser	nent	this	Period
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Full Name (Last, First, Middle Initial) Boucher For Congress Committee							: 169 ement	300	399		
Mailing Address PO Box 2000				0 ^M 3	М	/ D 1	0 /	Y	ž	o ŏ s) Y
City Abingdon	State Zip Code VA 24212			Amou	ınt o	f Each	Disbu	rser	-		
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State: VA District: 09											
Full Name (Last, First, Middle Initial) John D. Dingell For Congress				Date		isburs	: 169 ement	304	400		
Mailing Address 607 14th Street, Nw Suite 800				0 3	М	/ D 1	0 /	Y	ž	o ŏ s) Y
City Washington	State Zip Code DC 20005			Amou	ınt o	f Each	Disbu	rser	nent	this	Period
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Full Name (Last, First, Middle Initial) Schauer For Congress			Transaction ID: 16930401 Date of Disbursement					
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Rep. Mark H. Schauer	sbursement For: 2010	Category/ Type	0					
Senate President State: MI District: 07	X Primary General Other (specify) ▼		Contribution					
Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress			Transaction ID: 16930402 Date of Disbursement O 3					
Mailing Address P.O. Box 490286								
City Chicago	State Zip Code IL 60649		Amount of Each Disbursement this Period 2000.00					
Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr.		011 Category/ Type	2000.00					
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City Los Angeles	State Zip Code CA 90026		Amount of Each Disbursement this Period					
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Montpelier Purpose of Disbursement 2009 Contribution Candidate Name Green Mountain PAC Office Sought: House Senate Primary General Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln Mailing Address PO Box 3197 City State Zip Code AR 72203 Purpose of Disbursement Contribution Office Sought: House Sen. Blanche Lambert Lincoln Office Sought: House X Senate President Sen. Blanche Lambert Lincoln Office Sought: House X Senate President State: AR District: Full Name (Last, First, Middle Initial) Friends Of Blanche Lambert Lincoln Office Sought: House X Senate President State: AR District: Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln Mailing Address PO Box 3197 Transaction ID: 16930408 Contribution Transaction ID: 16930408 Date of Disbursement Contribution Transaction ID: 16930408 Date of Disbursement Mailing Address PO Box 3197	SCHEDULE B (FEC FOIII 3X)	Use separate schedul	(S) (check or	E NUMBER: PAGE 59 / 83
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Higgins For Congress Mailing Address PO Box 28 City Buffalo NY 14220 Purpose of Disbursement Contribution Cardidate Name Rep. Brian M. Higgins Office Sought: X House President State: NY District: 27 Full Name (Last, First, Middle Initial) Priends Of Congressman Tim Holden Mailing Address 18 N. Second St., Box 37 PO Box 37 City Saint Clair Purpose of Disbursement Contribution Mailing Address 18 N. Second St., Box 37 PO Box 37 City Saint Clair Purpose of Disbursement Contribution Office Sought: X House Senate President State: PA District: 17 Full Name (Last, First, Middle Initial) Purpose of Disbursement Contribution Office Sought: X House Senate President State: PA District: 17 Full Name (Last, First, Middle Initial) Purpose of Disbursement Contribution Office Sought: X House Senate President State: PA District: 17 Full Name (Last, First, Middle Initial) Purpose of Disbursement Contribution Office Sought: X Primary General Contribution Cardidate Name Rep. Tim Holden Office Sought: X Primary General Contribution Cardidate Name Rep. Tim Holden Office Sought: X Primary General Contribution Cardidate Name Rep. Tim Holden Office Sought: X Primary Category' Type Office Sought: X Primary Category Category' Type Contribution Contribution Candidate Name Rep. Tim Holden Office Sought: X Primary Category Categ		Detailed S	Summary Page	21b 27	22 X 23 28a 28b	28c 29 30
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Full Name (Last, First, Middle Initial) McNerney For Congress			Transaction ID: 16982933 Date of Disbursement
Mailing Address 6520 Village Parkway Second Floor			03 7 24 7 2009
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Mailing Address P.O. Box 19163		03 23 2009
City Las Vegas	State Zip Code NV 89132	Amount of Each Disbursement this Period
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American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Guthrie For Congress			Transaction ID: 16989424 Date of Disbursement
Mailing Address PO Box 9639			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & O \end{smallmatrix} \end{bmatrix} \ \mathbf{Y} $
City Bowling Green	State Zip Code KY 42102		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Brett Guthrie		Category/ Type	
Office Sought: X House Senate X President	ement For: 2010 Primary General Other (specify)	Турс	Contribution
State: KY District: 02			
Full Name (Last, First, Middle Initial) Friends Of Lois Capps			Transaction ID: 16989425 Date of Disbursement
Mailing Address PO Box 23940			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & O \end{smallmatrix} \end{bmatrix} \ \mathbf{Y} $
City Santa Barbara	State Zip Code CA 93121		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Lois Capps		Category/ Type	
9 1	ement For: 2010 Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial)			Transaction ID: 16989426
Fattah For Congress			Date of Disbursement
Mailing Address 3900 Ford Road Suite 12	2-0		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & O \end{smallmatrix} \end{bmatrix} \ \mathbf{Y} $
City Philadelphia	State Zip Code PA 19131		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	Γ	011	1000.00
Candidate Name Rep. Chaka Fattah	-	Category/ Type	
Senate X President	ement For: 2010 Primary General Other (specify)		Contribution
State: PA District: 02			
SUBTOTAL of Disbursements This Page (optional)		>	3000.00

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American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 16989427
Tim Ryan For Congress			Date of Disbursement
Mailing Address 1600 Roosevelt Avenu Suite 804	e		03
City Niles	State Zip Code OH 44446		Amount of Each Disbursement this Period
Purpose of Disbursement	On 44446		1000.00
Contribution		011	
Candidate Name Rep. Timothy J. Ryan		Categoi Type	ry/
Office Sought: X House Disbu	rsement For: 2010 X Primary General		Contribution
President	Other (specify)		
State: OH District: 17			
Full Name (Last, First, Middle Initial)			Transaction ID: 16989428
Ben Chandler For Congress			Date of Disbursement
Mailing Address P. O. Box 12678			03
City Lexington	State Zip Code KY 40508		Amount of Each Disbursement this Perio
Purpose of Disbursement			1000.00
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Rep. Benjamin Chandler		Type	y,
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Senate President	X Primary General Other (specify) ▼		
State: KY District: 06	Other (specify)		
Full Name (Last, First, Middle Initial) Scott Murphy For Congress			Transaction ID: 16989430 Date of Disbursement
Mailing Address 615 Glen Street			03
City	State Zip Code		Amount of Each Disbursement this Perio
Glens Falls Purpose of Disbursement	NY 12801	I	5000.00
Contribution		011	
Candidate Name Mr. H Scott Murphy		Catego	ry/
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	Mailing Address 3482 Drusilla Lane S	uite 1				0 ^M 3	М	/ D	2	^D /	Υ	ž 0 ŏ	9 ^Y
	City Baton Rouge	State Zip Code LA 70809				Amou	ınt o	f Eac	h [Disbur		nt this	
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	State: LA District: 06 Full Name (Last, First, Middle Initial)					_			_	400			
	Halvorson For Congress					Date	of D	isbur	sei				V
	Mailing Address PO Box 176					0,3	М	/ L	2	6 /	•	ŽOŎ	9 '
	City Crete	State Zip Code IL 60417				Amou	ınt o	f Eac	h [Disbur	seme	nt this	Perio
	Purpose of Disbursement Contribution		Тг	01	1	L.					3	00.00	0
	Candidate Name Rep. Deborah L. Halvorson			Categ Typ									
	Office Sought: X House Senate President State: IL District: 11	ursement For: 2010 X Primary Gener Other (specify) ▼	al			Conti	ribut	ion					
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	Mailing Address PO Box 13040					0 ^M 3	М	/ D	2	6 /	Y	ž 0 ŏ	9 ^Y
	City Chicago	State Zip Code IL 60613				Amou	ınt o	f Eac	h [Disbur		nt this	
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	Candidate Name Mr. Mike Quigley			ateg Typ									
	Office Sought: X House Senate President Disb	ursement For: 2009 Primary Gener X Other (specify)	al			Conti	ribut	ion					
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American Hospital Association PAC														
Full Name (Last, First, Middle Initial)							Trans	acti	ion	ID:	1698	943	5	
Lisa Murkowski For U.S. Senate							Date		isbı					
Mailing Address PO Box 100847							0 ^M 3	М	L	^D 3	0 /	Y	žoŏ	9 ^Y
City Anchorage	State AK	Zip Code 99510					Amou	ınt o	f Ea	ach [Disburs	eme	nt this	Period
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City Raleigh	State NC	Zip Code 27611					Amou	ınt o	f Ea	ach [Disburs	eme	nt this	Period
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Mailing Address P.O. Box 1151						-	0 ^M 3	М	′	^D 3	D /	Υ	ž 0 ŏ	9 ^Y
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NAME OF COMMITTEE (In Full)											
American Hospital Association PAC											
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Mailing Address PO Box 177				0 ^M 3	М	[/] 3	3 0	Y	ž	0 Ŏ S	e ^Y
City Booneville	State Zip Code MS 38829			Amou	ınt o	f Each	Disbu	rser	nent	this	Period
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Full Name (Last, First, Middle Initial) Whitfield For Congress Committee				Date	of D	isburs	: 169 ement	894	469		
Mailing Address P.O. Box 391				0 ^M 3	М	[/] 3	3 0 /	Y	ž	o ŏ s	e Y
City Hopkinsville	State Zip Code KY 42241			Amou	ınt o	f Each	Disbu	rser	-		
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Candidate Name Rep. Edward Whitfield		Category/ Type									
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Full Name (Last, First, Middle Initial) Friends Of Glenn Thompson						isburs	: 169 ement	894	471		
Mailing Address 198 Park Road				0 ^M 3	М	[/] 3	3 0	Y	ž	o ŏ s	e ^Y
City Howard	State Zip Code PA 16841			Amou	ınt o	f Each	Disbu	rser	-		
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Candidate Name Rep. Glenn Thompson		Category/ Type									
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SUBTOTAL of Disbursements This Page (optional)			<u> </u>						300	0.00)

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Citizens For Altmire			Transaction ID: 17064378 Date of Disbursement
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City Freedom	State Zip Code PA 15042		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	4000.00
Candidate Name Rep. Jason Altmire		Category/ Type	
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City Freedom	State Zip Code PA 15042		Amount of Each Disbursement this Period
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Candidate Name Rep. Jason Altmire		Category/ Type	
Office Sought: X House Disburse Senate President	ment For: 2010 Primary X General Other (specify)		Contribution

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State: PA

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS				Use separate schedule(s)					LINE k only		JMBER: PAGE 82 / 83								
П	EMIZED DI	SRUKSEMEN	115		category of the Summary Page		X		1b	22 28a		23 28b	24 280		25 29				
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\backslash	NAME OF COM	MITTEE (In Full)																	
<u>/</u>	American Hos	pital Association F	PAC																
	Full Name (Last, First, Middle Initial) Citibank, F.S.B.												1692	8970)				
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	Mailing Address 1400 G Street, NW										0 3 0 6 2 0 0 9								
	City Washington			State DC	Zip Code 20005					Amou	ınt c	f Each	Disburs	emer	nt this	Period			
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	Candidate Name					Ļ	001		,										
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	Office Sought:	House Senate President	Disburse	ement For: Primary Other (sp	General ecify)					Fede	ral ⁻	Гахеs							
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	Full Name (Last, Merchant Ban	First, Middle Initial) kcard										ion ID:	1706 ement	0388	3				
	Mailing Address 1601 Elm Street									$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & O & D \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & O & O \\ Y & 2 & O & O & 9 \end{bmatrix}$									
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TOTAL This Period (last page this line number only)

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	urpose of Disburse ank Fee	ement					00	1				•			, (38.81				
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SUBTOTAL of Disbursements This Page (optional)	•	38.81
TOTAL This Period (last page this line number only)		2125.91